

L2000013Z093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

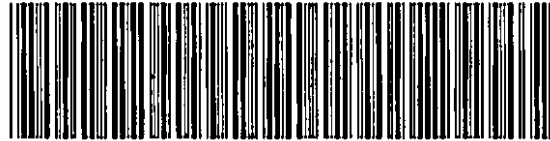
(Document Number)

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FILED
2021 MAR 11 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FL

4/15/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2021

RONALD RIEWOLD
4794 INNISFIL ST
PALM HARBOR, FL 34683

SUBJECT: DYNAMIC MEDICAL DISTRIBUTORS LLC.
Ref. Number: L20000132093

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The changes you are requesting cannot be made on a "Partnership Agreement". In order to make the changes being requested, please complete the Amendment form (Enclosed).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 221A00004791

*Rec
3/11/21*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DYNAMIC MEDICAL DISTRIBUTORS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD L. RIEWOLD
Name of Person

DYNAMIC MEDICAL DISTRIBUTORS LLC,
Firm/Company

4794 JUNIFER ST.
Address

PALM HARBOR, FL. 34683
City/State and Zip Code

RONRIEWOLD@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RON RIEWOLD at (407) 808-2189
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

SEE LETTER

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

DYNAMIC MEDICAL DISTRIBUTORS LLC.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2021 MAR 11 PM 5:21

SECRETARY OF STATE
5/15/20 SEE. FL.

The Articles of Organization for this Limited Liability Company were filed on March 8th 2021 and assigned
Florida document number L20000132093

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4794 INNUFELL ST.
PALM HARBOR, FL. 34683

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	SANDRA SANNI	4794 JUNIPER ST.	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL. 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) _____

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/12/2021.

Ronald F. Reigold

Signature of a member or authorized representative of a member

RONALD L. RICHMOND
Typed or printed name

Typed or printed name of signee